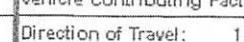


Agency Case Number C000634436-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County HALL			Date Rec. by GDOT				
Estimated Crash Date 05/01/19	Time 21:35	Dispatch Date 05/01/19	Time 21:42	Arrival Date 05/01/19	Time 21:57	Vehicles 2	Injuries 1	Fatalities 0	Inside City Of						
Road of Occurrence I-985 NB		At Its Intersection With _____								<input type="checkbox"/> Corrected Report					
Not At Its Intersection But 1000 _____		<input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet	<input type="checkbox"/> North <input checked="" type="checkbox"/> South	<input type="checkbox"/> East <input checked="" type="checkbox"/> West	Of SR 347								<input type="checkbox"/> Sup To Original		
Latitude (Y) 34.13646 (Format DD.DDDDD)		Longitude (X) -83.96382 (Format DD.DDDDD)								<input type="checkbox"/> Hit And Run?					
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME RAVEN	FIRST THOMAS	MIDDLE AVERY	Unit # 2	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME KHIMANI	FIRST SABJA	MIDDLE ALI						
<input checked="" type="checkbox"/> Susp At Fault															
City FLOWERY BR State GA Zip 30542 DOB 7/1957		City RICHMOND HILL State NY Zip 11418 DOB 7/1958													
Driver's License No. 		Class C	State GA	Country UNITED STATES	Driver's License No. 		Class E	State NY	Country UNITED STATES						
Insurance Co. SAFENWAY INSURANCE		Policy No. 3099746-GA-PP-001	Telephone No. 												
Year 2017	Make KIA	Model FORTE LX	Year 2014	Make HONDA	Model ODYSSEY										
VIN 3KPFK4A70HE142424		Vehicle Color BLU								Vehicle Color SIL					
Tag # RHU3175		State GA	County HALL	Year 2019	Tag # RFA0147	State GA	County FULTON	Year 2020							
Trailer Tag #		State	County	Year	Trailer Tag #		State	County	Year						
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name RAVEN	First THOMAS	Middle AVERY	<input type="checkbox"/> Same as Driver		Owner's Last Name ALI	First KHIMANI	Middle SABJA						
Address 															
City FLOWERY BRANCH State GA Zip 30542-3308		City SANDY SPRINGS State GA Zip 30328-2675													
Removed By: <input type="checkbox"/> Request DON KERNIS WRECKER <input checked="" type="checkbox"/> List					Removed By: <input type="checkbox"/> Request OWNER <input checked="" type="checkbox"/> List										
Alco Test: 2	Type:	Results: 2	Drug Test: 2	Type:	Results:	Alco Test: 2	Type:	Results: 2	Drug Test: 2	Type:	Results:				
First Harmful Event: 11	Most Harmful Event: 2	Operator/Ped Cond: 1													
Operator Contributing Factors 3		Roadway Contributing Factors 6													
Vehicle Contributing Factors 1		Roadway Contributing Factors 6													
Direction of Travel: 1	Vehicle Maneuver: 5	Non-Motor Maneuver: 													
Vehicle Class: 1	Vehicle Type: 1	Vision Obscured: 1													
Number of Occupants: 1	Area of Initial Contact: 12	Damage to Veh: 4													
Traffic-Way Flow: 3	Road Comp: 2	Road Character: 1													
Number of Lanes: 4	Posted Speed: 70	Work Zone: 2													
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Citation Information:															
Citation # E03242692		O.C.G.A. § 40-6-40													
Citation # C00242690		O.C.G.A. § 16-10-2(b)													
Citation #		O.C.G.A. §													
COMMERCIAL MOTOR VEHICLES ONLY															
Carrier Name:		Carrier Name:													
Address		City		State		Zip		Address		City		State		Zip	
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.					
Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate	Fed. Reportable	Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate	Fed. Reportable				
<input type="checkbox"/> C.D.L.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	C.D.L. Suspended?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> C.D.L.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	C.D.L. Suspended?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicle Placarded?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous Materials?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle Placarded?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazardous Materials?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Haz Mat Released?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Haz Mat Released?		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
If YES: Name or four Digit Number from Diamond or Bo: _____ One Digit Number from Bottom of Diamond _____															
If YES: Name or four Digit Number from Diamond or Bo: _____ One Digit Number from Bottom of Diamond _____															
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units															
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units															

PLAINTIFF'S EXHIBIT
1

COLLISION FIELDS

Manner of Collision:	3	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	5
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NARRATIVE

Vehicle 1 and vehicle 2 were both traveling north on I-95S in the left lane. Vehicle 2 was slowing for traffic ahead while vehicle 1 was following too closely, causing its front to strike vehicle 2 in the rear. After impact vehicle 2 was slowing to stop while vehicle 1 front stayed against the rear of vehicle 2 in the left lane of I-95S. Driver 1 then either kept his foot on the accelerator or the accelerator of vehicle 1 stuck, causing the front tires to spin. Vehicle 1's front tires caught fire and did not stop.

Note: Driver 1 stated he saw smoke coming from his hood prior to colliding with vehicle 2.

Note: Driver 2 stated vehicle 1 struck his vehicle in the rear multiple times before he stopped.

This investigation was recorded on 172 USO Permit #42808.

DIAGRAM

INDICATE
NORTH



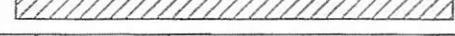
PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle	Owner								
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WITNESS INFORMATION

Name (Last, First)	Address			City		State	Zip Code	Telephone Number		
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OCCUPANT INFORMATION

1	Name (Last, First): RAVEN, THOMAS					Address: 				
	Age: 61	Sex: M	Unit #: 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 2	Taken for Treatment: 1
Injury Taken To: NEGMC		By: HALL COUNTY BMS			EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First): KHIMANI, SABJA					Address: 				
	Age: 61	Sex: M	Unit #: 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
Injury Taken To:		By:			EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	
3	Name (Last, First): KHIMANI, YASMEEN					Address: 				
	Age: 58	Sex: F	Unit #: 2	Position: 3	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
Injury Taken To:		By:			EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:	

ADMINISTRATIVE

Photos Taken:	<input type="checkbox"/> Yes	By:	Officer Note: If collision resulted in a fatality, please send prompt notification to the CDOT Crash Reporting Unit via email at GeorgiaFARS@dot.ga.gov or Fax at (404)335-2003.							
<input checked="" type="checkbox"/> No										

Report By:	Agency:	Report Date:	Checked By:	Date Checked:
JAMES, J. #0172	GSPB\POST 6	05/01/19	PARKER, C.E. #0134	05/06/19

ADDITIONAL or FULL PAGE DIAGRAM

-N-

NOT TO SCALE

I-985 Southbound

A.O.



I-985 Northbound

Narrative:

Vehicle 1 and vehicle 2 were both traveling north on I-985 in the left lane. Vehicle 2 was slowing for traffic ahead while vehicle 1 was following too closely, causing its front to strike vehicle 2 in the rear. After impact vehicle 2 was slowing to stop while vehicle 1 front stayed against the rear of vehicle 2 in the left lane of I-985. Driver 1 then either kept his foot on the accelerator or the accelerator of vehicle 1 stuck, causing the front tires to spin. Vehicle 1's front tires caught fire and disintegrated.

Note: Driver 1 stated he saw smoke coming from his hood prior to colliding with vehicle 2.

Note: Driver 2 stated vehicle 1 struck his vehicle in the rear multiple times before he stopped.

This investigation was recorded on 172 USB Perm# 4280B.